

## Complete Summary

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### GUIDELINE TITLE

Perinatal care at the threshold of viability.

### BIBLIOGRAPHIC SOURCE(S)

MacDonald H. Perinatal care at the threshold of viability. Pediatrics 2002 Nov;110(5):1024-7. [26 references] [PubMed](#)

## COMPLETE SUMMARY CONTENT

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## SCOPE

### DISEASE/CONDITION(S)

Birth at the threshold of viability (22-25 weeks gestational age)

### GUIDELINE CATEGORY

Counseling  
Management

### CLINICAL SPECIALTY

Nursing  
Obstetrics and Gynecology

### INTENDED USERS

Advanced Practice Nurses  
Health Care Providers  
Nurses  
Physician Assistants  
Physicians

## GUIDELINE OBJECTIVE(S)

To provide recommendations to support parental decision-making and planning neonatal management for the birth of infants born at 22-25 weeks gestational age

## TARGET POPULATION

Infants born from 22-25 weeks of gestation and their families

## INTERVENTIONS AND PRACTICES CONSIDERED

1. Counseling of parents regarding potential fetal outcomes and risks and benefits of management options
2. Neonatal management
  - Assessment and alteration of plans based on condition of the neonate
  - Withholding resuscitation, discontinuing resuscitation, or forgoing other life-supporting treatments
  - Family support and counseling
  - Providing opportunities for grieving
  - Compassionate care/comfort care

## MAJOR OUTCOMES CONSIDERED

- Survival rates and incidence of neurodevelopmental and other complications in extremely preterm infants
- Emotional and financial consequences of the birth of an extremely preterm infant

## METHODOLOGY

### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

### NUMBER OF SOURCE DOCUMENTS

Not stated

### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

## METHODS USED TO ANALYZE THE EVIDENCE

Review

## DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

# RECOMMENDATIONS

## MAJOR RECOMMENDATIONS

The threatened birth of an extremely preterm infant presents complex medical, social, and ethical issues for a family and the involved physicians; therefore, it is important that:

1. Decisions regarding all aspects of management of the birth and subsequent care of the infant should be made jointly by the parents and the physicians.
2. Parents should receive appropriate information about maternal risks associated with delivery options, potential for infant survival, and risks of adverse long-term outcomes.
3. Parental choice regarding management of the delivery and subsequent care of the infant should be respected within the limits of medical feasibility and appropriateness.
4. Physicians should become knowledgeable about contemporaneous local, referral center, and national comparative data regarding survival and long-term outcomes associated with extremely preterm birth.
5. Future investigations of interventions in the management of extremely preterm delivery and/or subsequent care of the infant should include

evaluation of infant survival and long-term neurodevelopmental status as primary study outcomes.

#### CLINICAL ALGORITHM(S)

None provided

### EVIDENCE SUPPORTING THE RECOMMENDATIONS

#### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

### BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

#### POTENTIAL BENEFITS

Enhanced support for families of extremely preterm infants

#### POTENTIAL HARMS

Not stated

### QUALIFYING STATEMENTS

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

### IMPLEMENTATION OF THE GUIDELINE

#### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

### INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

#### IOM CARE NEED

Getting Better  
Staying Healthy

#### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

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### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2002 Nov

### GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

### SOURCE(S) OF FUNDING

American Academy of Pediatrics

### GUIDELINE COMMITTEE

Committee on Fetus and Newborn

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee Members, 2002-2003: Lillian R. Blackmon, MD, Chairperson; Daniel G. Batton, MD; Edward F. Bell, MD; William A. Engle, MD; William P. Kanto, Jr, MD; Gilbert I. Martin, MD; Warren N. Rosenfeld, MD; Ann R. Stark, MD; Hugh McDonald, MD

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### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

### GUIDELINE STATUS

This is the current release of the guideline.

American Academy of Pediatrics (AAP) Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

#### GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from AAP, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

#### AVAILABILITY OF COMPANION DOCUMENTS

None available

#### PATIENT RESOURCES

None available

#### NGC STATUS

This NGC summary was completed by ECRI on May 15, 2003. The information was verified by the guideline developer on June 9, 2003.

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